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| POWER OF ATTORNEY and RRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/700,791 | |
| | Filing Date | November 03, 2003 | |
| | First Named Inventor | Allen III, Ernest | |
| | Title | Method for Testing IDD at Multiple | |
| | Art Unit | 2829 | |
| | Examiner Name | Hollington, Jermele M. | |
| | Attorney Docket Number | 03-0724 | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | |
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| | Applicant/Inventor. | | | | | | |
| | Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Signature | / NO R Vel | | Date | 26JAN06 | | | |
| Name | Timothy R. Croll | Telephone | (408) 433-7625 | | | | |
| Title and Company Senior Corporate Counsel, IP, LSI Logic Corporation | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| *Total of 1 forms are submitted. | | | | | | | |
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| STATEMENT UNDER 37 CFR 3.73(b) | | | | | |
| Applicant/Patent Owner: LSI Logic Corporation | | | | | |
| Application No./Patent No./Control No.: 10/700.791 | Filed/Issue Date: November 03, 2003 | | | | |
| Entitled: Method for Testing IDD at Multiple Voltages | | | | | |
| LSI Logic Corporation | a Corporation | | | | |
| (Name of Assignee) | (Type of Assignee: corporation, partnership, university, government agency, etc.) | | | | |
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| B. A chain of title from the inventor(s), of the patent applicat | ion/patent identified above, to the current assignee as follows: | | | | |
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| As required by 37 CFR 3.73(b)(1)(i), the documentary evide assignee was, or concurrently is being, submitted for reco [NOTE: A separate copy (i.e., a true copy of the original as Division in accordance with 37 CFR Part 3, to record to 302.08] | rdation pursuant to 37 CFR 3.11. | | | | |
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| Signature | Date | | | | |
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